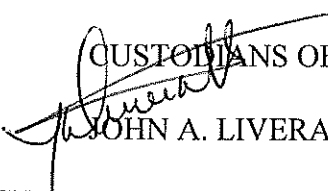


MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

November 10, 2009

MEMORANDUM

TO:  CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: JOHN A. LIVERATTI, CHIEF OF COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 100 – MEDICAID PROGRAM

BACKGROUND AND EXPLANATIONS

Changes and modifications in policy language were made to section 105, Medicaid Billing and Payment, to clarify provider responsibilities in submitting claims for reimbursement, filing appeals for denied claims and billing Medicaid recipients. In addition, typographical and numbering/lettering sequence errors were corrected. Changes are effective upon approval of the public hearing.

MATERIAL TRANSMITTED

MTL 32/09

CHAPTER 100 –MEDICAID PROGRAM

MATERIAL SUPERSEDED

MTL 08/07

CHAPTER 100 –MEDICAID PROGRAM

Sec. 105.1.a

Added "I"

Deleted "i"

Added "and"

Sec. 105.1.b

Added "I"

Deleted "i"

Sec. 105.1.c

Added "I"

Deleted "i"

Sec. 105.2.b

Added "; or"

Deleted "."

Sec. 105.2.c

Added "; or"

Deleted "."

Sec. 105.1.5

Added "Refer to"

Deleted "See"

Sec. 105.1.6

Added "Refer to"

Deleted "See"

Sec. 105.1.7

Added "04"

Deleted "92"

Sec. 105.2B

Added "To be considered timely, claims must be received by the fiscal agent within"

Deleted "The Medicaid timely filling period is"

Added "For out-of-state providers or when a third party resource exists, t"

Deleted "T"

Added "Stale date criteria are strictly adhered to whether the claim is initially received or being appealed for a stale date override."

Deleted "for out of state provider claims, and when a third party resource exists"

Added "required"

Deleted "180 day"

Added "the"

Sec. 105.2C

Added "for"

Deleted "'s Provider Services Unit"

Added "f"

Deleted "on"

Added "a"

Deleted "F"

Added "Claim appeals must be postmarked no later than thirty (30) days from the date of the Remittance Advice (RA) listing the claim as denied. Appeal requests for subsequent same service claim submissions will not be considered."

Deleted "A"

Deleted "'s Provider Relations Unit"

Deleted "See"

Added "Refer to"

Deleted ".2"

Sec. 105.2C.1.a

Added "A letter addressing the specific reason for the appeal, which includes the provider name and NPI/API, the ICN of the claim, the recipient's name and Medicaid ID number, the date of service, and the name and phone number of the person to be contacted regarding the appeal; and"

Deleted "A copy of the RA showing denial,"

Sec. 105.2C.1.b

Added "appeal request"

Deleted "A copy of the original signed"

claim,”

Deleted “position”

Sec. 105.2C.1.c

Added “A copy of the Remittance Advice showing the denied claim; and”

Sec. 105.2C.1.d

Added “An original signed paper claim that may be used for processing should the appeal be approved.”

Deleted “A cover letter addressing the specific reason for the appeal, provider name and number, the ICN of the claim, recipient’s name and ID number, date of service, procedure code and the name and phone number of the person to be contacted regarding the appeal.”

Sec. 105.2C.2

Added “by the fiscal agent”

Sec. 105.2C.3

Added “fiscal agent”

Added “clarification”

Added “, the fiscal agent will send”

Added “, along”

Added “the”

Added “,”

Added “of”

Deleted “Stale date criteria are strictly adhered to whether the claim is initially received or being appealed for a stale date override.”

Deleted “Medical Review Unit”

Deleted “Only i”

Deleted “statement”

Deleted “is”

Deleted “sent”

Deleted “Nevada”

Deleted “,”

Deleted “Unit”

Sec 105.2C.4

Added “Providers must exhaust the fiscal agent’s appeal process prior to pursuing a Fair Hearing with the Division.”

Deleted “for additional information”

Added “Section 108 for contract information for filing an appeal and”

Added “for additional information”

Sec. 105.3.2

Added “signed”

Sec. 105.3.8

Added “Providers are prohibited from billing Medicaid or the recipient when no service has been provided. This includes billing a deposit for a scheduled appointment or for a missed appointment.”